

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/578351

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	1	1				
5		1				
6	1	1				
7	1					
8		1				
9		1				
10	1	1				
11		1				
12		1				
13	1					
14	1					
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50						
TOTAL IND.	10	↓		↓		↓
TOTAL DEP.	16	←		←		←
TOTAL CLAIMS	26	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.		←		←		←
TOTAL CLAIMS		[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]